FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble
Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

- Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**

- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Missouri
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s) MC+ for Kids

SCHIP Program Type X Medicaid SCHIP Expansion Only
_____Separate SCHIP Program Only
_____Combination of the above

Reporting Period **Federal Fiscal Year 2001 (10/1/2000-9/30/2001)**

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Submission Date

(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002) Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility

   RESPONSE:

   NC

2. Enrollment process

   RESPONSE:

   NC

3. Presumptive eligibility

   RESPONSE:

   Not Applicable

4. Continuous eligibility

   RESPONSE:

Not Applicable

5. Outreach/marketing campaigns

RESPONSE:

NC

6. Eligibility determination process

RESPONSE:

NC

7. Eligibility redetermination process

RESPONSE:

NC

8. Benefit structure

RESPONSE:

NC

9. Cost-sharing policies

RESPONSE:

Effective July 1, 2001 the monthly premium for the child/children of a family with income above 225 and below 300% of federal poverty level increased from $80 to a range of $55 to $218. The range is based on family size and three stair steps of poverty (226-250%, 251-275%, and 276-300%).

This premium change was mandated by Section 208.640, RSMo of the Missouri State Statues.

10. Crowd-out policies

RESPONSE:

NC

11. Delivery system

RESPONSE:

NC

12. Coordination with other programs (especially private insurance and Medicaid)

RESPONSE:

NC

13. Screen and enroll process

RESPONSE:

NC

14. Application

RESPONSE:

NC

15. Other

RESPONSE:

None

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered, low-income children.

16. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

RESPONSE:
According to the US Census Bureau, only 8.6 percent of Missouri's children under age 18 are not covered under any insurance. This information was obtained from their website. It can be viewed at **ww.census.gov/hhes/hlthins/historic/hihistt5.html.**

17. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

RESPONSE:

As of October 2001 the total number of children enrolled in Title XIX Medicaid has increased by 74,505 since July 1998. This information is obtained from data reports ran from state's eligibility system (See Attachment 1.2.B).

18. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

RESPONSE:

The Behavioral Health Concepts Inc. evaluation states, (Attachment 1.2.C) "According to the US Census Bureau, the rate of uninsured children under 18 years of age in Missouri in 1998 was 11.2%, while in 1999 the rate was 7.1%. The number of children who were insured in Missouri declined from 123,000 to 78,000 from 1998 to 1999, a reduction of 45,000 (37%)."

19. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

__X__ No, skip to 1.3

____ Yes, what is the new baseline?

What are the data source(s) and methodology used to make this estimate?

What was the justification for adopting a different methodology?

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)
Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.*

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Increase the percentage of Missourians with Health Insurance.	An additional 70,000 children receiving health care services by 2000.	Data Sources: *Current Population Survey* Methodology: *According to data from the U.S. Census Bureau, Missouri has moved from 30th in the nation on uninsured to 4th. (See Attachment 1.3)* Progress Summary:
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Increase the percentage of		Data Sources: *Internal Eligibility Data based on Medicaid Eligibility (ME) codes.*

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Missourians with Health Insurance.		Methodology: *Number of enrolled children as reported by the system in October 2001.* Progress Summary: *As of October 2001, SCHIP (Title XXI) children enrolled was 77,327 up from 68,425 as of October 2000.*
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Increase the percentage of Missourians with Health Insurance.		Data Sources: *Internal Eligibility Data based on ME codes.* Methodology: *Number of enrolled children as reported by the system in October 2001.* Progress Summary: *As of October 2001, Title XIX Medicaid children enrollment increased by 74,505 since July 1998, up from 36,124 as of October 2000.*
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		
		Data Sources: Methodology: Progress Summary: *This objective is not included in the Department of Social Services Strategic Plan*
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
		Data Sources: Methodology: Progress Summary: *This objective is not included in the Department of Social Services Strategic Plan*
OTHER OBJECTIVES		
Maximize cost avoidance in delivering health care services.	Number of MC+ recipients	Data Sources: *Internal Eligibility Data based on ME codes.* Methodology: *Number of enrolled children as reported by the system in October 2001.* Progress Summary: *As of October 2001, SCHIP (Title XXI) enrollment was 77,327 up from 68,425 as of October 2000, and Title XIX enrollment was 74,505 up from 36,124 as of October 2000.*

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

RESPONSE:

The State of Missouri continues to make significant strides towards meeting it's objectives. The major barrier continuing is the large amount of federal requirements and reporting.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

RESPONSE:

Not Applicable

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

RESPONSE:

An external evaluation of the 1115 population, including the SCHIP children, will continue to be completed annually.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

RESPONSE:

An evaluation of the Medicaid Section 1115 Waiver by Behavioral Health Concepts, Inc. is included. (See Attachment 1.2.C) Also included is the CAHPS report (See Attachment 1.7.A)

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

20. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

RESPONSE:

Not Applicable

21. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

Number of adults
Number of children

RESPONSE:

Not Applicable

3. How do you monitor cost-effectiveness of family coverage?

RESPONSE:

Not Applicable

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

RESPONSE:

Not Applicable

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

Number of adults
Number of children

RESPONSE:

Not Applicable

2.3 Crowd-out:

22. How do you define crowd-out in your SCHIP program?

RESPONSE:

Crowd-out is defined as children who drop from private insurance with the specific intent of joining government funded insurance.

23. How do you monitor and measure whether crowd-out is occurring?

RESPONSE:

The Missouri Department of Social Services employed an independent contractor to conduct an evaluation of Missouri's 1115 waiver, including MC+ for Kids. As part of the evaluation crowd-out was an issue addressed. The evaluation confirmed that crowd-out was not a problem.

The report stated "In last year's 1115 Medicaid Waiver report, we estimated that the percentage of expansion recipients that would buy insurance from the private insurance market if MC+ were not available was somewhere between 1.6 and 3.2%. The current evaluation provides no evidence to change the estimates." (See Attachment 1.2.C)

24. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

RESPONSE:

See Behavioral Health Concepts evaluation. Attachment 1.2.C

25. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

RESPONSE:

The State feels the protections built into the eligibility requirements are effective in discouraging crowd-out. Although crowd-out was a major concern during the planning and early implementation stages of the MC+ expansion program, there is little indication that crowd-out has become a significant problem. Most key informants feel that the requirements for MC+ expansion have been successful in controlling the potential for crowd-out. Based on the current Behavioral Health Concepts Evaluation, the rate of crowd-out remains at 1.6 to 3.2%

2.4 Outreach:

26. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

RESPONSE:

A question regarding health insurance was included in the school lunch program form. This form is given to every child in Missouri. This proved to be very effective. The enrollment increased during the months of September and October in 2000 and 2001, when this was performed.

School nurses also send home a questionnaire regarding health insurance status. When the form is returned noting the child has no coverage, the school nurse sends home information regarding MC+ for Kids.

27. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

RESPONSE:

MC+ for Kids attends conferences and exhibitions sponsored by women, minorities, and immigrant populations. MC+ for Kids information and applications are available in seven languages. This has proven to be effective because of the noted increase in applications received from minorities and immigrant populations.

28. Which methods best reached which populations? How have you measured effectiveness?

RESPONSE:

Distribution of MC+ for Kids materials, in the appropriate languages, at Health Centers located in areas with heavy immigrant populations has proven effective. Continuous requests for the various language materials has proven this successful.

2.5 Retention:

29. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

RESPONSE:

Outreach activities are done continuously to make families both aware of the availability of the program and the importance of continuing the program. Renewal reminder notices are sent to all families as well as a follow-up letter if no response from the initial letter.
(See Attachment 2.5.A)

30. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?
___ Follow-up by caseworkers/outreach workers
_X_ Renewal reminder notices to all families
___ Targeted mailing to selected populations, specify population
_X_ Information campaigns
___ Simplification of re-enrollment process, please describe
___Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
___ Other, please explain

31. Are the same measures being used in Medicaid as well? If not, please describe the differences.

RESPONSE:

Yes

32. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

RESPONSE:

The state reviews eligibility annually and when changes are reported. Renewal forms are sent to families to initiate the eligibility review.

33. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

RESPONSE:

Last years data was obtained through a survey sent to individuals who had been disenrolled. This survey was not done this year. However, according to an internal closing reason report 6 percent disenrolled due to other insurance, 2 percent had access to affordable insurance, 8 percent moved out of the state, 3 percent were disenrolled due to income, 16 percent were over the age of 18, and 19 percent were disenrolled due to non-payment of premiums.

2.6 Coordination between SCHIP and Medicaid:

34. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

RESPONSE:

Missouri continues to use one application and redetermination for both Title XIX and Title XXI. There are some differences in the initial application form and renewal form. (See Attachment 2.6.A)

35. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

RESPONSE:

The eligibility system continues to not allow individuals with an income below the Medicaid Limit to be approved for SCHIP or an individual with an income above the Medicaid Limit to be approved for Medicaid.

36. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

RESPONSE:

Yes, with SCHIP being an expansion of Medicaid, both programs utilize the same providers, including Managed Care in areas that Managed Care is mandatory.

2.7 Cost Sharing:

37. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

RESPONSE:

The Behavioral Health Concepts Evaluation, (Attachment 1.2.C) states "Twelve and a half (12.5) percent of the premium group indicated they dropped MC+ because it was "too expensive" while 4.3 percent of the co-pay group indicated expense as the reason for dropping MC+."

38. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

RESPONSE:

The evaluation done by Behavioral Health Concepts, Inc. (Attachment 1.2.C) states "In summary, for children, health status differences existed for cost and no-cost beneficiary groups such that those in the cost groups had better health status than those in the no-cost groups. They also visited the emergency room and dentist less frequently than those in the no-cost group. Given that there were no significant differences between the cost and no-cost groups in their ratings of access to care on either the telephone or mail-in survey, the differences in emergency room and dental care utilization are likely a function of the better health status of the cost group as well as their higher socioeconomic status.

2.8 Assessment and Monitoring of Quality of Care:

39. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

RESPONSE:

SCHIP enrollees respond to the Consumer Assessment of Health Plan Survey (CAHPS). The survey is administered annually. The responses are aggregated and analyzed. Ninety-five percent of the respondents rated the care received from all doctors and other health care providers favorably. Ninety percent felt that their doctor spent an adequate amount of time providing care. Ninety-three percent felt that the doctors and health care providers explained care adequately. Analysis of the responses and evaluation of quality indicators reflect that the enrollees have a high level of satisfaction with the quality of care. (See Attachment 2.8.A)

40. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

RESPONSE:

The State and the External Quality Review (EQRO) provide technical assistance to the Managed Care Organizations (MCOs) as part of an annual review process. This process includes an assessment of members needs, quality of care and identification of opportunities for process and outcome quality improvements. The process also includes collection of data from quality indicators for the health care delivery aspects listed above, the annual CAHPS survey, the State review and the EQRO process.

41. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

RESPONSE:

The MCO self assessment process, the State review and the EQRO process continue. The CAHPs survey has been administered separately for the SCHIPs population. The results have not been significantly different from the 1915b population. As a result, the survey will be administered to the entire MC+ managed care population.

The monitoring and evaluation process, assessment of member needs, quality of care and identification of opportunities for process and outcome quality improvements continues. The data analysis from quality indicators for the health care delivery aspects including well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment, and dental and vision care is ongoing.

SECTION 3. SUCCESSES AND BARRIERS

***This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers*.**

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter "NA" for not applicable.

42. Eligibility

RESPONSE:

NA

43. Outreach

RESPONSE:

NA

44. Enrollment

RESPONSE:

NA

45. Retention/disenrollment

RESPONSE:

NA

46. Benefit structure

RESPONSE:

NA

47. Cost-sharing

RESPONSE:

NA

48. Delivery system

RESPONSE:

NA

49. Coordination with other programs

RESPONSE:

NA

50. Crowd-out

RESPONSE:

NA

51. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles	33,597,672	45,351,475	71,410,794
Fee for Service	37,566,230	50,699,170	79,831,317
Total Benefit Costs	71,639,902	96,050,645	151,242,111
(Offsetting beneficiary cost sharing payments)	<1,162,611>	<1,568,405>	<2,469,623>
Net Benefit Costs	70,001,291	94,482,240	148,772,488
Administration Costs			
Personnel			
General administration	1,913,000	2,821,000	2,928,000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	1,913,000	2,821,000	2,928,000
10% Administrative Cost Ceiling			
Federal Share (multiplied by enhanced FMAP rate)	52,295,938	70,808,381	110,527,634
State Share	19,618,353	26,524,859	41,172,854
TOTAL PROGRAM COSTS	71,914,291	97,303,240	151,700,488

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

__X__ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
_____ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

RESPONSE:

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	MC+ for Kids	
Provides presumptive eligibility for children	__X__No _____Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Provides retroactive eligibility	__X__No _____Yes, for whom and how long?	_____No _____Yes, for whom and how long?
Makes eligibility determination	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*
Average length of stay on program	Specify months__13	Specify months
Has joint application for Medicaid and SCHIP	_____No __X__Yes	_____No _____Yes
Has a mail-in application	_____No __X__Yes	_____No _____Yes
Can apply for program over phone	__X__No, may ask questions, request application, but cannot apply over the phone _____Yes	_____No _____Yes
Can apply for program over internet	__X__No _____Yes	_____No _____Yes
Requires face-to-face interview during initial application	__X__No _____Yes	_____No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No __X__Yes, specify number of months ___6 What exemptions do you provide? a) A parent's or guardian's loss of employment due to	_____No _____Yes, specify number of months What exemptions do you provide?

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
	factors other than voluntary termination; b) A parent's or guardian's employment with a new employer that does not provide an option for dependent coverage; c) Expiration of a parent's or guardian's dependent Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage period; d) Lapse of a child's (children's) health insurance when maintained by an individual other than the custodial parent or guardian; or e) Lapse of a child's (children's) health insurance when the lifetime maximum benefits under their private health insurance have been exhausted.	
Provides period of continuous coverage regardless of income changes	__X__No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	_____No _____Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	_____No __X__Yes, how much? $55-$218 per family per month Who Can Pay? ___ Employer _X_ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	_____No __X__Yes	_____No _____Yes
Provides preprinted redetermination process	__X__ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

RESPONSE:

The re-determination process is initiated by the eligibility worker rather than by the recipient. Coverage continues uninterrupted during the re-determination process until the worker determines that the recipient is not eligible for coverage under any SCHIP or Medicaid eligibility category, or that the recipient is not cooperating in supplying necessary information. At that point the recipient is sent an advance notice of termination, with appeal rights. The re-determination form ask the same questions as the initial application, but the family is not asked to reverify information that cannot change, such as social security number, date of birth, etc. The family is not required to complete the re-determination form if all information to complete the re-determination is available from other sources such as an active Food Stamp record.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher: 0-185% of FPL for children under age 1; 0-133% of FPL for children aged 1-5; 0-100% of FPL for children aged 6-18

Medicaid SCHIP Expansion: 186-300% of FPL for children aged 0-1; 134-300% of FPL for children aged 1-5; 101-300% of FPL for children aged 6-18

Separate SCHIP Program: ____% of FPL for children aged _____; ____% of FPL for children aged _____; ____% of FPL for children aged _____

6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

X Yes ____ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	*$ 90*	*$ NA*	$
Self-employment expenses	*$ actual business expenses*	*$ actual business expenses*	$
Alimony payments Received	*$ NA*	*$ NA*	$

Table 6.2			
Paid	*$ NA*	*$ NA*	$
Child support payments Received	*$ NA*	*$ NA*	$
Paid	*$ NA*	*$ NA*	$
Child care expenses	*$ 175 for children 2 and over, $200 for children under 2*	*$ NA*	$
Medical care expenses	*$ NA*	*$ NA*	$
Gifts	*$ NA*	*$ NA*	$
Other types of disregards/deductions (specify)	*$ NA*	*$ NA*	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

_X_ No___Yes, specify countable or allowable level of asset test_____

Medicaid SCHIP Expansion program

_X_ No____Yes, specify countable or allowable level of asset test_____

Separate SCHIP program

____ No____Yes, specify countable or allowable level of asset test_____

RESPONSE:

NA

Other SCHIP program_____

___ No____Yes, specify countable or allowable level of asset test_____

RESPONSE:

NA

6.4 Have any of the eligibility rules changed since September 30, 2001? ___ Yes __X__ No

ecent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

52. Family coverage

RESPONSE:

No changes made or planned

53. Employer sponsored insurance buy-in

RESPONSE:

No changes made or planned

54. 1115 waiver

RESPONSE:

No changes made or planned

55. Eligibility including presumptive and continuous eligibility

RESPONSE:

A departmental budget request has been included in the FY03 budget for presumptive and continuous eligibility for children below 225% of poverty. If funded by the Governor and the Missouri General Assembly, presumptive and continuous eligibility would begin July 1, 2002.

56. Outreach

RESPONSE:

No changes made or planned

57. Enrollment/redetermination process

RESPONSE:

No changes made or planned

58. Contracting

RESPONSE:

No changes made or planned

59. Other